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Chief, Policy and Compliance Division

Transmittal # 84 CHAMPVA Policy Manual

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**PUBLICATIONS AND TRANSMITTAL CHANGE
FOR THE CHAMPVA PM (POLICY MANUAL)**

Explanation of the changes and related index updates to the CHAMPVA PM are in the following summary.

MTOC (Master Table of Contents).

- Removes Chapter 2, Section 30.6, *Brachytherapy/Radiation Therapy*, to RESERVED.

Chapter 2, Section 7.6, OTORHINOLARYNGOLOGIC SERVICES.

- Under Policy clarifies that otorhinolaryngologic services are covered only when prescribed by a physician.
- Removes Policy Consideration.
- Under Exclusions adds hearing aids, hearing aid services, and adds a note to clarify the above exclusion should not be confused with cochlear implants, which is a covered benefit.

Chapter 2, Section 15.7, CONSULTATIONS.

- Amends Authority reference.
- Amends Procedure Codes.
- Under Policy Considerations clarifies that after a consultation has occurred and when the provider begins treatment of the patient (assumes responsibility for management of a portion or all the patient's condition), the appropriate CPT codes for the treatment should be used in lieu of the consultation codes, and when a consultation is performed within three days of a surgical procedure by the same provider, the consultation fee is included in the global surgical fee.

Chapter 2, Section 17.23, WIGS AND HAIRPIECE.

- Removes Description and Policy Considerations.
- Under Policy clarifies that benefits may be extended in accordance with the allowable charge, for one wig or hairpiece per beneficiary (lifetime maximum), and adds that the attending physician must certify that alopecia has resulted from the treatment of a malignant disease and the beneficiary must certify that a wig or hairpiece has not been obtained previously through the U.S. Government, including the Veteran Administration.

Chapter 2, Section 30.1, PHYSICAL MEDICINE/THERAPY.

- Under Policy adds that physical therapy is covered when prescribed by a physician to improve, restore, maintain function, minimize or prevent deterioration of function (see Chapter 2, Section 30.15, *Rehabilitation (General)*).
- Under Exclusions clarifies maintenance therapy that is not required at the skilled level after a therapy program has been designed.

Chapter 2, Section 30.2, OCCUPATIONAL THERAPY.

- Amends Procedure Codes
- Under Policy adds that occupational therapy must be medically necessary, appropriate, and must have the skilled care needed to establish a safe and effective maintenance program in connection with a specific medical condition.
- Under Policy Considerations clarifies the coverage criteria for occupational therapy that lasts longer than 60-days.
- Under Exclusions adds rehabilitation that attempts to improve cognitive function as a result of neural growth through repetitive exercise of neural circuits, and maintenance therapy that does not require a skilled level after a therapy program has been designed.

Chapter 2, Section 30.6, BRACHYTHERAPY/RADIATION THERAPY.

- Policy guidance pertaining to brachytherapy is now found in Chapter 2, Section 30.12, *Radiation Therapy*; Chapter 2, Section 30.6, *Brachytherapy/Radiation Therapy*, has been moved to RESERVED status.

Chapter 2, Section 30.12, RADIATION THERAPY.

- Under Effective Dates adds March 27, 1991, for brachytherapy.
- Amends Procedure Codes.
- Under Descriptions clarifies radiation therapy and external and internal radiation therapies.
- Under Policy adds radioactive chromic phosphate synoviorthesis in the treatment of hemophilia patients with hemarthrosis and/or synovitis is covered when documented that other more conservative therapies have failed to include intra-articular radionuclide therapy and infusion of instillation of radioelement.

- Adds Policy Considerations and that there are no categorical limitations on the use of brachytherapy; and indications and patient selection will vary as with any other form of radiotherapy; and lists examples of the conditions for which brachytherapy is used.
- Adds Exclusions and lists excluded brachytherapies.

Chapter 2, Section 36.1, MALE GENITAL SYSTEM.

- Amends Related Authority.
- Under Effective Dates changes May 6, 1996, for prostatron, thermourethral microwave to TUMT (Transurethral Microwave Thermotherapy).
- Under Exclusions adds electroejaculation.

Chapter 3, Section 5.11, PHARMACY REIMBURSEMENT.

- Under Policy adds that the MM (Medical Matrix) Program does not use Redbook as its drug-pricing source. Therefore, MM is not subject to the Redbook AWP (Average Wholesale Price) plus \$3 dispensing fee pricing to determine an allowable amount. The MM allowable amount will be the lesser of the billed amount plus dispensing fee or the average AWP plus \$3 dispensing fee. If MM negotiates an amount lower than either the AWP plus \$3 or billed amount plus dispensing fee (sometime referred to as “usual and customary”), this will be the allowed amount.

Chapter 3, Section 9.1, AMBULANCE SERVICES REIMBURSEMENT.

- Amends Procedure Codes.

Code Index. Amends index to add and delete codes referenced in this transmittal.

Subject Index. Amends index to add and delete changes referenced in this transmittal.

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